

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL KITCHEN
(U.S. Immigration Station)
Statue of Liberty National Monument
New York Harbor
New York
New York County
New York

HABS NY-6086-S
HABS NY-6086-S

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

REDUCED COPIES OF MEASURED DRAWINGS

FIELD RECORDS

HISTORIC AMERICAN BUILDINGS SURVEY
National Park Service
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1849 C Street NW
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HISTORIC AMERICAN BUILDINGS SURVEY

ELLIS ISLAND, CONTAGIOUS DISEASE HOSPITAL KITCHEN

HABS No. NY-6086-S

Location: Ellis Island, New York Harbor, Jersey City, Hudson County, New Jersey;
and New York City, New York County, New York

Present Owner: U.S. Department of the Interior, National Park Service

Present Use: Vacant

Significance: The Kitchen was a support structure for the Contagious Disease Hospital complex on Island 3 of the Ellis Island U. S. Immigration Station. Construction of the Contagious Disease Hospital in 1907-08 greatly expanded the hospital facilities run by the U. S. Public Health and Marine Hospital Service (after 1912, U. S. Public Health Service, or USPHS) in conjunction with the Bureau of Immigration at Ellis Island. Concerns about the spread of contagious diseases such as measles, scarlet fever, and trachoma (an eye disease that could lead to blindness) prompted Ellis Island officials to lobby for an expanded hospital capability on the island itself, rather than transporting these cases to medical facilities throughout New York City. This effort represents both compassion in providing highly professional medical care for ill immigrants and fears regarding urban public health and the potential diseases carried by arriving aliens. In later decades the function of the USPHS hospitals at Ellis Island shifted to caring for a complex mix of immigrants, detainees, merchant seaman, service members and other local citizens eligible for government medical care.

The Kitchen and the Contagious Disease Hospital were designed by James Knox Taylor, the Supervising Architect of the Treasury. The Office of the Supervising Architect was responsible for the design of federal facilities, in this case working for the Department of Commerce and Labor in consultation with the USPHS surgeons assigned to Ellis Island. The Contagious Disease Hospital was a mature example of a pavilion plan hospital, a form favored since its establishment in Europe during the nineteenth century and in the United States largely since after the Civil War. The Kitchen was located directly behind the Administration Building and designed as a free-standing structure except for a connecting hall leading to the main passageway and the various other support structures and ward pavilions. The relatively diminutive Kitchen is further dwarfed by its massive square chimney stack. The Kitchen is executed in the same Georgian Revival mode as the rest of the Island 3 hospital, with red tile roof, pebble and dash stucco wall treatment, and red brick quoins

and details. This decorative treatment complemented the Georgian Revival monumentality of the Island 2 general hospital while the detailing and lower scale of the new hospital made it visually distinct.

The USPHS vacated the hospital facilities on March 1, 1951 and the U.S. Coast Guard Port Security Unit at Ellis Island expanded to use portions of the Island 3 hospital for file storage. The Ellis Island U. S. Immigration Station ceased operation on November 12, 1954 and the complex was largely unoccupied until it was made part of the Statue of Liberty National Monument in 1965, under the administration of the U. S. Department of the Interior, National Park Service.

Historian: Lisa Pfueller Davidson, HABS Historian, 2010.

PART I. HISTORICAL INFORMATION

A. Physical History:

1. Date of erection: The Kitchen was built between January and November 1907 as part of the initial building contract for the Island 3 Contagious Disease Hospital. It was considered a key support structure and an adjunct to the Administration Building. Delays installing and activating plumbing, heating, and electrical systems meant that the Kitchen was not put into use until the hospital was occupied by patients in 1911.
2. Architect: Office of the Supervising Architect, Department of the Treasury, James Knox Taylor, Supervising Architect
3. Original owners: U.S. Department of Commerce and Labor, 1907-1912
Subsequent owners: U.S. Department of Labor, 1913-1940
U.S. Department of Justice, Immigration and Naturalization Service, 1942-1954
U. S. General Services Administration, 1954-1965
U.S. Department of the Interior, National Park Service, 1965-present
4. Contractor: North-Eastern Construction Co., New York, NY
5. Original plans and construction: In 1906, the Office of the Supervising Architect, under the direction of James Knox Taylor, prepared plans for the Contagious Disease Hospital to be built on Island 3, including its semi-attached Kitchen. This drawing set includes elevations, floor, roof and foundation plans, and sections (Figures 1-2).¹ These drawings show the large room

¹ Original drawings for Ellis Island buildings are digitized and available from the Technical Information Center (TIC), Denver Service Center, National Park Service, U.S. Department of the Interior at <http://etic.nps.gov>.

divided into four spaces – one large kitchen on the north side, and a pantry, walk-in refrigerator, and enclosed hall across the south wall. The pantry had extensive built-in cabinets on two walls. The connecting corridor originally was smaller and open at the sides.

6. Alterations and additions: The pantry, refrigerator, and hall shown on the original drawing were removed in 1922. A schematic plan for “Alteration and Rearrangement of Plumbing Fixtures and Kitchen Equipment in the Administration Building and Kitchen on Island No. 3” shows the main room in its current open configuration, with a slop sink near the south exterior door.² The corridor has been expanded into a wider hyphen, but the current refrigerator and use for the room on the east side of the short hall are not indicated. A dishwashing room and two serving pantries are shown across the main corridor in the Administration Building.

B. Historical Context:

The United States Immigration Station at Ellis Island was perhaps the most well known of the federal immigration facilities established at the end of the nineteenth century. The Immigration Act of 1891 formalized federal control of immigration in reaction to uneven state regulation and a growing influx of immigrants. The Bureau of Immigration was created within the Department of the Treasury. The original immigration station on Ellis Island opened January 1, 1892 and processed 700 people that first day. On June 15, 1897, fire swept through the complex, largely destroying its wood structures. During their tenure, more than 1,500,000 immigrants were processed through these buildings.³ This time federal officials sought to create a more permanent and distinguished structure.⁴

The Office of the Supervising Architect of the Treasury quickly began planning a new facility.⁵ In September, the Supervising Architect James Knox Taylor sought designs in an architectural competition under the terms of the Tarsney Act, only the second time this had been done. Passed by Congress in 1893, the Tarsney Act authorized private sector architects to submit designs for federal projects.⁶ The New York firm of Boring and Tilton won the competition. Their plan called for a monumental complex on “Island 1” with three, primary,

² U.S. Department of Labor, “Alteration and Rearrangement of Plumbing Fixtures and Kitchen Equipment in the Administration Building and Kitchen on Island No. 3,” Drawing No. C1237, (7 May 1922), NPS Drawing No. 462/43,927, Sheet 1 of 1, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

³ Harlan D. Unrau, *Historic Resource Study (Historical Component) Volume I of III: Ellis Island Statue of Liberty National Monument, New York-New Jersey*, (U.S. Department of the Interior, National Park Service, 1984), xix.

⁴ J. Tracy Stakely, *Cultural Landscape Report for Ellis Island Statue of Liberty National Monument: Site History, Existing Conditions, Analysis* (Brookline, MA: National Park Service, Olmstead Center for Landscape Preservation, 2003), 29. See also Diane Elizabeth Williams, *Historic American Buildings Survey (HABS) No. NY-6086, “Ellis Island,”* 2009. Prints and Photographs Division, Library of Congress, D.C..

⁵ Between 1890 and 1892, immigrants arriving at New York were processed through Castle Garden and then through a building called the Barge Office. According to Unrau’s *Historic Resource Study, Volume II*, 215-216, between 1897-1900 an annex to the Barge Office was turned into an inspection station for steerage passengers and two large houses on State Street fronting the Battery were leased for detention and hospital uses.

⁶ Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect’s Office* (New York and Oxford: Oxford University Press, 2000), 201.

“fireproof” buildings—a French Renaissance Revival immigration building roughly on the site of the burned structure, a kitchen and laundry building, and a powerhouse – arranged along a northeast/southwest axis. Additionally, Boring & Tilton proposed a new island to the south across a ferry slip as the site of an imposing Georgian Revival hospital complex.⁷ Both revival styles stood firmly within the Beaux Arts approach popular in late nineteenth century America. Each island was a discrete unit with Island 1 containing public spaces for immigrant inspection and processing, immigrant dormitories and related functions and Island 2 devoted to the more private, and quiet, needs of a hospital complex. Each island also had its own food preparation, laundry and sanitary facilities.

The Main Immigration Building on Island 1 opened December 17, 1900, processing 2,251 immigrants the first day.⁸ Although the Immigration Building was the centerpiece of the project and the first priority, a hospital facility remained a key component of the U.S. Immigration Station. Construction of the hospital buildings on Island 2 began in March 1899. Included in the new complex were the Hospital, the Hospital Outbuilding and the Surgeon’s House. Like the plan for Island 1, the hospital plan for Island 2 also placed the buildings on a linear, southwest-northeast axis. The buildings in the hospital complex featured Georgian Revival elements such as red brick walls detailed with quoins, limestone window and doorway details, and hipped red clay tile roofs.

Uniformed medical officers of the U. S. Marine Hospital Service, part of the Department of the Treasury and predecessor to the Public Health Service, were integral to federal immigration policy from the start.⁹ The Immigration Act of 1891, in addition to federalizing immigration control and creating Ellis Island and the other U.S. Immigration Stations, included a provision for medical examination of arriving aliens. Those with dangerous or contagious diseases, or mental problems were identified by the Marine Hospital Service surgeons. Initially the hospital facilities on Ellis Island were more limited, and the most contagious and dangerous cases were sent to New York Health Department hospitals. After the fire in 1897, a variety of rented spaces were used to handle hospitalized immigrants and inspections, including a docked steamship. According to Chief Surgeon Joseph H. White in 1898:

The present arrangement for the care of sick immigrants in contract hospitals under the care of a medical officer of this service is the best method possible under existing circumstances, but it has many disagreeable and unsatisfactory features, which cannot be eliminated. It is there earnestly hoped that for the best interests of the service the building of the new hospital on Ellis Island be pushed to completion with all practicable speed.¹⁰

⁷ Stakely, 38.

⁸ Stakely, 40-41.

⁹ The U.S. Marine Hospital Service was founded in 1798 to provide medical care for merchant seamen. In 1903 the name was changed to the U.S. Marine Hospital and Public Health Service to reflect its growing role in national public health issues. In 1912 the name was shortened to U.S. Public Health Service.

¹⁰ As quoted in Unrau, *Historic Resource Study, Volume II*, 581 from *Annual Report of the Commissioner General of Immigration* (1898).

The work of the Marine Hospital surgeons continued to increase as the number of immigrants seeking entry through the Port of New York grew. In 1900, the eight medical officers inspected 448,572 immigrants.¹¹ The first section of the hospital opened in March 1902. However it was immediately deemed too small and requests were made for more funding to add the remaining portions of the original design.

The U.S. Public Health Service filled many roles associated with the Immigration Station, including cabin inspections, line inspections in the Main Immigration Building, and staffing the various hospital wards. The uniformed corps of federal surgeons first had a responsibility to screen for a wide variety of diseases:

It is their duty to determine whether aliens meet the physical and mental requirements of the immigration law. . . . All diseases of a quarantinable nature, including cholera, smallpox and yellow fever, are supposed to be detected at the Quarantine Station, and such cases rarely if ever reach Ellis Island. But the quarantine laws do not deal with insanity or such diseases as consumption, trachoma, favus, scarlet fever, measles, or physical ailments of a non-contagious nature.¹²

After state quarantine officers boarded a ship and removed any quarantine cases (cholera, smallpox, yellow fever, typhus and plague), the federal medical officers inspected cabin passengers (1st and 2nd class). Steerage passengers were inspected in the immigration building by lining up for scrutiny by medical officers. Those who were identified as having physical or mental “defects” or needing closer examination were shown to medical detention rooms. Those needing more treatment would then be taken to the Island 2 hospital or transferred to a contract hospital. Those suffering from measles, diphtheria or chicken pox were sent directly from shipboard to New York City Health Department hospitals, given that there was not yet an appropriate contagious disease hospital on Ellis Island. Trachoma (an eye disease), favus (severe ringworm of the scalp), and tuberculosis were the most common diseases encountered by the Ellis Island medical division, as well as many cases of measles and scarlet fever among children. As expressed by documentary filmmaker Lorie Conway in her account of the Ellis Island hospitals:

Diseases that scarcely get passing notice today were life-threatening in 1900. . . . The PHS physicians at Ellis Island were “guardians of the gate” – the nation’s first line of defense against immigrant-borne illness. . . . Growing opposition to immigration led Congress to expand the authority of the Public Health Service, requiring it to weed out the weak and the unemployable as well as the sick.¹³

¹¹ Unrau, *Historic Resource Study, Volume II*, 583.

¹² As quoted in Unrau, *Historic Resource Study, Appendix D*, 324, *Organization of the U. S. Immigrant Station at Ellis Island, New York, Together with a Brief Description of the Work Done in Each of Its Divisions* (23 October 1903).

¹³ Lorie Conway, *Forgotten Ellis Island: The Extraordinary Story of America’s Immigrant Hospital*. (New York: HarperCollins, 2007), 35. This book is a companion piece to a television documentary.

Ellis Island Commissioner of Immigration William Williams lobbied to expand the Ellis Island medical facilities with a contagious disease hospital starting in 1902.¹⁴ The precipitating event was an announcement by the New York Public Health Department that it no longer wished to accept contagious immigrants from Ellis Island for care. Faced with dwindling support among local public health officials, the federal authorities needed to quickly increase their capacity to deal with the matter internally. In a newspaper article, New York Health Department officials complained about the growing numbers and uncouth behavior of the immigrant patients sent to them from the federal facility. Williams pushed for rapid construction of a new island, No. 3, to receive a pavilion-plan hospital. The urgent need quickly became bogged down in bureaucratic red tape. First the Secretary of War's permission was sought to create a new island within 500 feet of the existing one. Questions arose whether this distance was sufficient to guarantee safety from infection and Dr. Walter Wyman, Surgeon General, was invited to rule on the matter. Williams stated he would be happy to follow his expert advice. In a letter to Bureau of Immigration Acting Commissioner-General Frank H. Larned, he wrote:

The principal point to be gained is . . . "absolute safety from infection." I am very glad to know that the Surgeon-General will call here, as I think he should be consulted in regard to so important a matter. . . . I understand that the best opinion now is to the effect that a single building should not be constructed, but several – say five or six – pavilions which will be more or less isolated. Each pavilion should not be over two stories in height.¹⁵

Williams noted that the City of New York was about to construct several contagious disease hospitals and those plans would be available for inspection by federal engineers.

Surgeon General Wyman sought a ruling from his Sanitary Board on a safe distance for a contagious disease hospital at Ellis Island. In early November 1902, Dr. J. H. White, Chairman of the Sanitary Board, conveyed their opinion that a hospital within 400 feet of the general hospital and separated by 200 feet of water with a gangway at one end "will be compatible with safety from the fear of extension of contagion."¹⁶ A few weeks later, Wyman wrote to Williams that he would be unable to personally visit Ellis Island, but he enclosed the Sanitary Board ruling that the proposed siting would be safe for contagious, but non-quarantinable diseases.¹⁷

It briefly appeared that Williams would be able to move forward with Island 3 construction, but then a lawsuit was filed by the State of New Jersey over ownership of Ellis Island. This litigation brought the entire status of the Immigration Station into question. Orders

¹⁴ Letter, William Williams to Secretary of Treasury, (30 October 1902), File 51447/44 (Part 1A) Estimates on Construction Hospital Island, 1902, Entry 9 – Subject and Policy Files, 1893-1957, Record Group 85 – Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC [hereafter Entry 9, RG 85, NARA I].

¹⁵ Letter, William Williams to F. H. Larned, (6 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

¹⁶ Letter, Sanitary Board of the USPHMHS (J.H. White, Chairman) to Surgeon General, (6 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

¹⁷ Letter, Surgeon General to William Williams, (26 November 1902), File 51447/44 (Part 1A), Entry 9, RG 85, NARA I.

were given to avoid any construction or improvement expenditures while the lawsuit was underway, given that the plaintiffs called for ejection of the Immigration Station from the Island. Williams chafed under the delay, sending dire letters to Washington headquarters about the urgent need for a contagious disease hospital. Finally in November 30, 1904 the federal government received clear title to both Ellis Island and the submerged land around it, clearing the way for the construction of Island 3 and the contagious disease hospital.

Island 3 was built of log cribbing filled with clean soil to specifications developed by Alfred Brooks Fry, Chief Engineer and Superintendent of Repair of U.S. Public Buildings at New York.¹⁸ Constructed between April 1905 and early 1906, the resulting island was 4¾ acres and increased the total mass of Ellis Island to 21¼ acres. It was connected to Island 2 by a wood gangway at its northwest end.

While Island 3 was under construction, planning proceeded for the Contagious Disease Hospital. In January 1905, F. P. Sargent, Commissioner General for the Bureau of Immigration, prepared to go before the U.S. House of Representatives Appropriation Committee by asking Williams for more complete information on a new contagious disease hospital.¹⁹ Williams replied in detail, continuing to emphasize the great need. In 1904, 627 people were sent to other hospitals at an estimated cost of \$25,656, excluding ambulance and burial plots. The day he wrote a detailed report, January 28, 1905, there were 91 Ellis Island contagious cases in New York health department hospitals. Williams' description of the type of hospital desired shows knowledge of current medical practice and consultation with his USPHS colleagues:

A contagious disease hospital is composed of several pavilions or distinct compartments, in order that the various kinds of contagious diseases may be segregated. It is obvious that the pressure on one pavilion may be very much greater than the pressure on the other pavilions at the same time, but all of the pavilions must be of such a size as to be able to accommodate the maximum number of each of the chief classes of contagious disease patients.²⁰

The basic concept of a pavilion plan was clearly favored from the beginning, but plans were still nebulous at this time. Williams noted that Chief Medical Officer Dr. George Stoner recommended a total capacity of at least 200. However, the engineer from the Public Buildings Service New York office, Alfred Brooks Fry, believed that the proposed appropriation request would only be enough to construct a hospital for 100 to 125 patients, without severe crowding. Williams noted that "in the absence of plans and specifications it is very difficult to give accurate figures upon this point," but did not hesitate to add that in his own judgment "a good hospital, probably adequate for the needs of this Station, can be constructed for \$250,000."²¹

¹⁸ File 51447/044, Part 3 - Construction, New Island, 1909, Box 36, Entry 9, RG 85, NARA I.

¹⁹ Letter, F. P. Sargent, Commissioner General to William Williams, (January 26, 1905), File 51436/1-8A - New Contagious Disease Hospital Ellis Island, Part 1, Entry 9, RG 85, NARA I.

²⁰ Letter, William Williams to Commissioner General, Bureau of Immigration, (28 January 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²¹ Letter, William Williams to Commissioner General of Immigration, (28 January 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

Funds for construction of the hospital - \$250,000 - were included in the Sundry Civil Act approved on March 3, 1905 and once some questions about the mechanism for distributing funds were settled, the Supervising Architect and his office could begin preparing plans.²² Collaboration between immigration officials, public health surgeons, and federal engineers and architect in developing plans for the hospital would emerge as a defining characteristic of the design process, as already indicated by Williams. In July 1905 Acting Commissioner General Frank H. Larned informed Williams that "Honorable John [sic] Knox Taylor, Supervising Architect, expects to be in New York on Thursday for the purpose of conferring with yourself, Surgeon Stoner, and Chief Engineer Fry in regard to the plans for the new contagious disease hospital at your station."²³ The content of Taylor's visit and any subsequent communication were not recorded, until January 1906 when Taylor forwarded the following:

...two prints showing the proposed arrangement of the Contagious Hospital to be built on the new island adjacent to Ellis Island. The Office regards the arrangement as shown as tentative only, and it is requested that you indicate on the plans such modifications as you may deem necessary, returning the prints to this Office, when the working drawings will be promptly taken up.²⁴

It is unknown exactly which prints are referred to here, although two drawings signed by Taylor showing the hospital largely as constructed survive -- a "General View" birds-eye rendering of the entire complex and another showing the complex in both plan and elevation (Figure 3).²⁵ Commissioner General Sargent replied that he would return the plans with suggestions after conferring with the Surgeon General.²⁶ In June 1906 the "sketch plans" were approved by the Secretary of Commerce and Labor and the Office of the Supervising Architect could prepare architectural drawings.²⁷

The design produced by James Knox Taylor and his Office of the Supervising Architect was for a pavilion plan hospital complex.²⁸ The core of the complex was a grouping of eight

²² Letter, F. P. Sargent, Commissioner General of Immigration to Secretary of Commerce and Labor, 30 March 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²³ Letter, F. H. Larned, Acting Commissioner General of Immigration, to Williams, (10 July 1905), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁴ Letter, James Knox Taylor to Commissioner General of Immigration [F.P. Sargent], (12 January 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁵ This birdseye rendering is very faded and no date is visible. It is labeled "Sketch #11" by hand. The elevation/plan has the handwritten date April 15, 1906. NPS Drawing No. 462/43,901, 2 Sheets, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

²⁶ Letter, F. P. Sargent to James Knox Taylor, Supervising Architect, (16 January 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁷ Letter, V.H. Metcalf, Secretary of Commerce and Labor to Secretary of Treasury, (16 June 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

²⁸ During his tenure as Supervising Architect, James Knox Taylor (1857-1929) oversaw the design and construction of post offices, federal buildings, and custom houses. Taylor was born in Knoxville, Illinois and attended schools in St. Paul, Minnesota. He completed two years of architectural training at the Massachusetts Institute of Technology. Thereafter he worked for architectural firms in New York City and Boston but by 1882 had opened his own office in St. Paul. In 1884 he went into partnership with Cass Gilbert. The Panic of '93 adversely affected the architectural

identical two-story measles wards, the administration building, and kitchen, all attached on one side to an open two-story circulation corridor. The wards flanked the administration building/kitchen and were staggered on either side of the corridor to avoid cross contamination. The Staff House and three free-standing Isolation Wards stood at the southeast end of the island and a powerhouse, mortuary, and laboratory (with additional staff quarters) stood at the northwest end, at the gangway connecting to Island 2. This arrangement maximized the healthful benefits of fresh air and light, and provided all the necessary support structures for a self-sufficient institution. In this historical moment, the pavilion plan was nearly fifty years old, but still a standard in hospital design. In just a few years, medical experts and architects would begin to vigorously seek alternatives, but the basic ideals of fresh air and sanitary conditions first espoused by Florence Nightingale continued to hold sway over the medical profession and their architects.

The pavilion plan had its origins in Europe and Great Britain, but in the United States it emerged from the aftermath of the Civil War with new attention to public health and the construction of hospitals. The predecessor to the Public Health Service, the U. S. Marine Hospital Service, was at the forefront of the development of modern hospitals and public health. Scientific understanding of disease and contagion was developing rapidly in the period as well, with the first, imperfect understanding of germ theory starting to coexist with older ideas of contagion by miasma or contaminated air. The discussion in the United States also benefitted from intense interest in this topic in Europe and Great Britain, begun a decade earlier by the Crimean War. Motivated by the unsanitary conditions in military field hospitals and her earlier study as a nurse, Englishwoman Florence Nightingale became a champion of hospital reform through her work in war relief, public policy and her writings. Nightingale's *Notes on Nursing* (1st American edition, 1860) and *Notes on Hospitals* (1st edition, 1859; 3rd revised edition, 1863) defined the debate about best practices on both sides of the Atlantic throughout the second half of the nineteenth century.²⁹

Led by Nightingale's work, hospital architecture was increasingly seen as a key element in patient care. A rudimentary understanding of germ contagion led to great concern with choosing hospital plans and building materials that would be healthful and avoid making patients sicker.³⁰ Proper ventilation, sanitation, light, and equipment were essential to healing both surgical and medical cases and avoiding cross infection. The details of ventilation, finish etc. were much debated by the medical profession and their collaborating architects, but the overriding concept of a large hospital divided into freestanding or semi-attached pavilion wards dominated hospital design for the next fifty years. Informed by Nightingale's recommendations

profession and by 1895, Taylor had joined the staff of the Office of the Supervising Architect as a draftsman. In 1896 he was promoted to temporary principal draftsman, and when the position of Supervising Architect became available in 1897 he was selected, serving until 1912. After retiring as Supervising Architect, he returned to private practice in Boston. He later moved his practice to Yonkers, New York and then retired to Tampa, Florida. See Lee, 197-199, 215; Henry F. Withey, and Elise R. Withey, *Biographical Dictionary of American Architects (Deceased)* (Los Angeles: Hennesey & Ingalls, Inc. 1970), 592.

²⁹ For an overview of hospital development see John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), esp. 155-70 on Nightingale wards.

³⁰ Florence Nightingale, *Notes on Hospitals* (London: Longman, Green, Longman, Roberts, and Green, 3rd revised edition, 1863), preface.

along with other leaders of the sanitarian movement, the pavilion plan hospital emerged in England, France and other European countries by the late 1850s and became commonplace by the 1860s.³¹ The Contagious Disease Hospital at Ellis Island was a mature example of the pavilion plan hospital, as employed by the architects of the Office of the Supervising Architect of the Treasury for the USPHS. This form was still considered the most effective solution to creating hygienic hospital designs in this period, even as standards of medical care were undergoing new changes.

Final architectural drawings for the Contagious Disease Hospital were dated August 18, 1906. The construction bid offering was made on September 17, 1906, with proposals due on October 20, 1906. Although \$250,000 was already appropriated for the new hospital, its construction would require at least twice that amount. In November 1906, the Commissioner-General of the Bureau of Immigration requested an additional \$250,000 from the Secretary of Commerce and Labor. He closed his letter, which made requests for a number of other improvement projects, by saying:

These newcomers are entitled to the best treatment which it is in our power to bestow and to subject them, at the time and place of landing, to the danger of disease and to the manifold discomforts which are certain to be produced by insufficient accommodations, is not conducive to good administration. The improvements herein advocated go far toward promoting humane and considerate treatment for many thousands of human beings who, while undergoing immigrant inspections, are temporarily the wards of the Government, which is responsible for their well-being.³²

Although there appeared to be complete agreement regarding the necessity for a new hospital, acquiring sufficient funding was another matter. Of the construction bids collected, the lowest was \$503,375 and the next lowest \$584,385. These proposals did not include heating, wiring, or the elevator in the administration building, which would be a separate contract and additional expense. The Office of the Supervising Architect estimated that the complete project would require approximately \$625,000 to complete.³³ As there was a general reluctance to request more than the \$500,000 total, officials began debating the best approach to reconcile the difference between available funds and cost estimates.

At question was whether to completely revise the plans or eliminate sections of the complex. The Office of the Supervising Architect suggested starting construction on selected parts of the complex that could be built within the original \$250,000 appropriation, then moving on with additional phases as funds became available. According to their estimates, the Administration Building, Kitchen, Measles Wards A, B and E, and Powerhouse/Laundry with

³¹ Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London and New York: Leicester University Press, 1997), vii.

³² Letter, Commissioner-General, Bureau of Immigration to Secretary of Commerce and Labor, (12 November 1906), File 52519/18, Entry 9, RG 85, NARA I.

³³ Letter, Secretary of the Treasury to Secretary of the Department of Commerce and Labor, (3 December 1906), File 51436/1-8A, Entry 9, RG 85, NARA I.

connecting corridors could be built for \$201,590, with \$48,410 for powerhouse equipment, elevator, heating, and wiring.³⁴ This condensed grouping would provide a complete, but smaller hospital during the first phase of construction. Bureau of Immigration officials were hesitant to embrace a plan that did not really address the potential funding shortfall. Acting Commissioner-General F. H. Larned insisted in an internal memorandum that “the safest plan would undoubtedly be to reject all the bids and alter the entire plans and specifications to bring the aggregate cost of the contagious disease hospital within the maximum limit of \$500,000.”³⁵ It is not clear how this was to be accomplished since Larned also endorsed Dr. Stoner’s request that the revised plans not reduce the amount of space in the proposed hospital and he only suggested an elimination of “luxuries.”

Acting Secretary of the Treasury Charles H. Keep reiterated the Supervising Architect’s position that phased construction was the best approach, with wards and support structures eliminated according to the size of the appropriation. He noted that requesting new bids for revised plans would undoubtedly result in even higher costs, as it was doubtful the cost of building would decrease or another similarly low bid could be obtained. Keep also cautioned that “relative to changing the plans so as to make the buildings less expensive, it is believed that as now planned they are as cheap as it is practicable to build them so that they will be entirely suitable for the purpose and location.”³⁶ The Bureau of Immigration finally agreed to proceed with phased construction as in the “best interests of the public service.”³⁷ North-Eastern Construction Company of New York City was the lowest bidder. They were notified on January 3, 1907 that a portion of the work equal to \$201,590 was being approved. Their contract would stipulate a completion date of November 1, 1908.³⁸ Alfred Brooks Fry, Chief Engineer and Superintendent of Repairs for the Public Buildings Branch in New York was designated as the federal Superintendent of Construction for the Contagious Disease Hospital project. He was jointly employed by the Departments of the Treasury and Commerce and Labor.³⁹

Because of the continuing need to lobby for funds to complete the hospital, the Bureau of Immigration continued to solicit information from local officials that could be used to justify additional appropriations. Ellis Island Commissioner Robert Watchorn compiled statistics from the Medical Division for fiscal year 1906 at the request of Commissioner General F. P. Sargent. During this year 2,553 arriving aliens were found to have “loathsome and dangerous contagious diseases” such as diphtheria, scarlet fever, trachoma, favus (severe ringworm of the scalp), or tuberculosis. Of these 563 were detained at Ellis Island and 1,990 sent to hospitals in New York.

³⁴ Letter, C. H. Keep, Acting Secretary of the Treasury to Secretary of Commerce and Labor, (6 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁵ Memorandum, F.H. Larned, Acting Commissioner-General, Bureau of Immigration, (15 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁶ Letter, C.H. Keep, Acting Secretary of the Treasury to Secretary of Commerce and Labor, (18 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁷ Letter, Lawrence O. Murray, Assistant Secretary of the Treasury to Secretary of the Treasury, (19 December 1906), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁸ Letter, Lawrence O’Murray, Assistant Secretary of the Treasury to North-Eastern Construction Company, (3 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

³⁹ Letter, Oscar S. Strauss, Secretary of Immigration and Naturalization to Secretary of the Treasury, (30 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

These patients were in addition to the 1,366 observed for mental illness and the 5,124 detained for “all other diseases.”⁴⁰ The immigration through Ellis Island was continuing to grow with 1907 as a peak year. In addition to the Island 3 expansion and hospital, this period also saw the expansion of existing facilities in an ongoing effort to upgrade and meet demand. In addition to expansions and renovations to Island 1 buildings, the general hospital on Island 2 was greatly expanded. As planned by Boring and Tilton, the original section of the hospital on the west end of Island 2 received the center administration building and additional wing to the east. The new wing doubled the capacity of the original hospital and was known as the “New Hospital Extension.” In 1907, 1,123,842 aliens and 146,833 U. S. citizens received medical inspections by the Ellis Island surgeons. Of the aliens, 9,293 were detained in hospitals for treatment and 3,605 deported for medical problems.⁴¹

Construction on the Kitchen and the other structures in phase 1 continued through 1907. North-Eastern submitted periodic progress photographs which are preserved at the National Archives. A set from early May shows the Kitchen walls in process; by early June there were complete up to the cornice (Figure 4).⁴² By early July, the limestone lintels and roof framing were in place (Figure 5).⁴³ The roof decking and the brick chimney were complete by mid-August. The exterior walls had received their finish coat of pebble and dash stucco.⁴⁴ By mid-September, the exterior appears to be complete, with window sash, roofing tiles, and metal stair rail in place (Figure 6). The large copper ventilator at the center of roof also was installed.⁴⁵

While work proceeded on the first set of structures, plans were made for constructing the remaining portions of the complex. In July bids were solicited for construction of the Staff House, the other five Measles Wards, the three Isolation Wards, Laboratory, Mortuary, and the rest of the covered passageways. North-Eastern Construction again entered the low bid for \$298,405.60; each ward would continue to cost about \$30,000.⁴⁶ However because the bid amount was still over the available second appropriation of \$250,000, debate again ensued among Immigration officials about the propriety of moving forward without sufficient funds.

⁴⁰ Letter, Robert Watchorn to F.P. Sargent, (26 January 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I. In January 1905, Robert Watchorn became commissioner in January 1905 after Williams resigned to return to his law practice. Watchorn was an experienced Bureau of Immigration official, with time spent as an inspector at Ellis Island.

⁴¹ Unrau, *Historic Resource Study, Volume II*, 600. Between November 1906 and August 1907, Geddings conducted three inspections of the Ellis Island medical procedures and facilities and produced detailed reports. In his November 16, 1906 report to the Surgeon General, Assistant Surgeon General H. D. Geddings noted that the main hospital was designed on the block plan and that its system of mechanical ventilation was not in use, due to the fact that it never worked properly and the natural ventilation was good.

⁴² See Photographs No. 121-BCP-38A-14C, -14D, and -14E, (8 May 1907) and No. 121-BCP-38A-15K, (4 June 1907), in Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, National Archives and Records Administration, College Park, MD [hereafter RG 121-BCP, Still Picture Branch, NARA II].

⁴³ See Photograph No. 121-BCP-38A-18J, (2 July 1907), in RG 121-BCP, Still Picture Branch, NARA II.

⁴⁴ See Photograph No. 121-BCP-38A-19J, (14 August 1907), in RG 121-BCP, Still Picture Branch, NARA II.

⁴⁵ See Photographs No. 121-BCP-38A-20G, and -20H, (14 October 1907), in RG 121-BCP, Still Picture Branch, NARA II.

⁴⁶ Letter, Robert Murray, Assistant Commissioner, Immigration Service to Robert Watchorn, (1 August 1907), File 51436/1-8A Part 1, Entry 9, RG 85, NARA I.

Acting Commissioner General of Immigration F.H. Larned demanded an explanation from Watchorn, asserting that “it appears we will be forced to abandon the plan of constructing certain of the isolation wards or other buildings included in the original scheme, so that the structures now being erected may be finished and equipped and certain of the contemplated buildings not only erected, but fitted up as well.”⁴⁷ The work was again divided into two phases, after much discussion regarding which buildings to include. The erection of the Staff House, Measles Wards C, D and G, Isolation Ward L, Mortuary and some corridors were included under a \$161,908.20 contract with North-Eastern Construction dated October 14, 1907.⁴⁸ The third phase saw construction of Measles Wards F and H, Isolation Wards I and K and the Office Building in 1908.

In spite of the ongoing funding problems, Ellis Island officials looked forward to the completion of the Contagious Disease Hospital. In his *Annual Report* for 1908 Robert Watchorn optimistically speculated that the mortality numbers for many diseases, such as measles, would drop when treatment could begin immediately rather than after a long transfer to contract hospitals.⁴⁹ In the spring of 1909, all seventeen buildings designed for the Contagious Disease Hospital were complete. However, the complex still lacked equipment and furnishings, as well as a tie to electricity on Island 1 and these matters delayed its opening until 1911.⁵⁰ The Island 3 hospital finally opened for patients on June 20, 1911, ending the need for contracts with outside hospitals. It had a total capacity of 450 beds, but in the early years usually housed 30 to 130 patients. Williams had been reappointed Ellis Island Commissioner in 1909 and immediately submitted a request for appropriations to alter and improve many of the Island 3 support buildings and equipment, including the Kitchen. He requested \$30,000 for “enlarging with incidental alterations central kitchen building of said hospital, including additions to cooking, lighting and heating plant, plumbing, etc.”⁵¹ It is not clear what this large request was funding or whether it was approved.

The completion of the Contagious Disease Hospital came at a time of change for Ellis Island and the Public Health Service. In 1912, the “Marine Hospital” part of the agency’s full name was dropped, completing a transition to fully emphasizing their broader role protecting the American public. According to Dr. Alfred C. Reed, an Assistant Surgeon at Ellis Island:

An enduring commonwealth must of necessity guard rigidly the health of its citizens and protect itself against undesirable additions from without. . . . The medical phases of immigration blend very quickly into the subjects of national health protection, national eugenics and even the future existence of the ideals and standard of life which we are proud to call American. Conservatism and a

⁴⁷ Letter, F. H. Larned to Robert Watchorn, (6 August 1907), File 51436/1-8C, Entry 9, RG 85, NARA I.

⁴⁸ Contract, File 51436/1-8D, Entry 9, RG 85, NARA I.

⁴⁹ As quoted in Unrau, *Historic Resource Study, Volume II*, 602 from *Annual Report of the Commissioner General of Immigration* (1908), 233-35.

⁵⁰ Stakely, 65. See also Letter, William Williams to Commissioner General, (19 October 1910), File 52519/18C, Entry 9, RG 85, NARA I.

⁵¹ Letter, William Williams to Commissioner General, (29 July 1911), File 52519/18D, Entry 9, RG 85, NARA I.

carefully maintained medium between absolute exclusion, and free immigration, certainly seems the best policy.⁵²

His conservative tone was indicative of a growing tightening of immigration policy. William Williams was reappointed Commissioner in 1909 and continued to generate controversy with strict enforcement of immigration law, particularly regulations to determine whether an immigrant was likely to become a public charge for financial or other reasons.

In another article, Dr. Reed emphasized his respect for his colleagues by saying “the variety of contagious diseases is unusual and extreme diagnostic skill is required of the physicians in charge.”⁵³ In 1912 there were 130 medical officers and hospital attendants employed at Ellis Island. The system of treating quarantine cases in the Quarantine Hospital near Staten Island continued – diseases such as cholera, yellow fever, smallpox, typhus, leprosy, and plague legally requiring isolation. The new Contagious Disease Hospital filled the gap in government medical facilities for other diseases considered “loathsome and contagious” such as measles, scarlet fever, chickenpox, trachoma, favus, and tuberculosis. A large number of patients detained on Island 3 had trachoma, an infectious eye disease that could lead to blindness. A contemporary account attributed the large number of trachoma cases among European immigrants to “low vitality and filthy surroundings.”⁵⁴ In addition to many trachoma cases, many patients at the Contagious Disease Hospital were children with measles, scarlet fever, or diphtheria.⁵⁵

The Contagious Disease Hospital connecting corridors were designed to be open, but it was almost immediately determined that enclosing them with windows would benefit the circulation of patients, staff, and food during inclement weather. Williams first requested funds for this work in July 1911.⁵⁶ It was not until June 1913 that funds were appropriated to install windows in the two-story passageways at the Measles Wards and extend a one-story passageway to the Staff House and other freestanding structures such as Isolation Wards and Office Building. This work was done in 1914 at a cost of \$28,000, according to plans prepared by engineers Alfred Brooks Fry and Frank S. Howell at the Public Buildings New York office. It appears the existing Kitchen one-story connector received windows at this time as well.⁵⁷

⁵² Alfred C. Reed, “Going Through Ellis Island,” *Popular Science Monthly* 82 (January 1913): 11.

⁵³ Alfred C. Reed, “The Medical Side of Immigration,” *Popular Science Monthly* 80 (April 1912): 392. A third article by Reed offers a useful summary of the history of U.S. Public Service up to the period when the Contagious Disease Hospital opened. See “United States Public Health Service,” *Popular Science Monthly* 82 (April 1913): 353-375.

⁵⁴ “Ellis Island: Its Organization and Some of Its Work,” (December 1912) transcribed in Unrau, *Historic Resource Study, Volume II, Appendix L*. See esp. 492, 501.

⁵⁵ *Annual Report of the Surgeon General of the Public Health Service* (1913), 158-59, reproduced in Unrau, *Historic Resource Study, Volume II, Appendix D*, 711.

⁵⁶ Letter, William Williams to Commissioner General, (7 July 1911), 5, File 52519/18C, Entry 9, RG 85, NARA I.

⁵⁷ See Sundry Civil Expenses, June 23, 1913, appropriations for Fiscal Year ending June 30, 1914, File 52519/18-D, Entry 9, RG 85, NARA I; and “Inclosing [sic] Corridors, Contagious Disease Hospital,” (12 March 1914), NPS Drawing No. 462/43912, 7 Sheets, Accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

Immigration decreased quickly after the outbreak of war in Europe in 1914. Less volume meant that more intensive medical inspections could take place, particularly for “feeble-mindedness.” The Surgeon General noted in his 1916 *Annual Report* that Surgeon Eugene Mullan and PHS officers at Ellis Island had developed standardized tests for feeble-mindedness and almost completed a manual of guidance for identifying mental diseases in aliens.⁵⁸ These efforts were an outgrowth of the contemporary interest in intelligence testing, as well as eugenics and other discriminatory quasi-scientific methods of categorizing racial types. With the lull in immigration, the hospital laboratory was also available to support Public Health Service research in addition to routine testing.⁵⁹

Commissioner Frederick Howe instituted a number of reforms during the war years, all directed toward humanizing the experience of processing or detention at Ellis Island. He came under loud criticism, mainly from New York business interests, for allowing outdoor recreation, educational opportunities, and investigating bankers, railroad agents and others he felt preyed upon new immigrants. World War I brought additional changes to the island. On July 30, 1916, the munitions warehouses at Black Tom Wharf on the nearby New Jersey coast exploded. Thought to be the work of German saboteurs, the resulting concussions and flying debris broke windows, damaged every building on Ellis Island, and caused a temporary evacuation of the hospitals and dormitories.

After the United States entered World War I in April 1917, immigration slowed even more. The number of people arriving at Ellis Island in 1915 was 178,416, but by 1918 only 28,867 immigrants passed through the facility’s doors.⁶⁰ Crews of German and Austrian ships were seized and detained at Ellis Island in the Baggage and Dormitory Building on Island 1. The USPHS was responsible for their medical care and prisoners were relocated to the hospital facilities when necessary. The mix of groups being treated at the hospital became more complicated as various detained groups needed to be accommodated along with immigrants, servicemen, and others entitled to care. The Immigration Act of 1917 further increased the duties of the depleted Ellis Island USPHS staff by requiring medical examination of the crew of every merchant ship, in addition to the usual inspection of passenger vessels. In March 1918, the Ellis Island hospitals were temporarily turned over to the U.S. Army for processing and treating returning servicemen. They were designated “Debarcation Hospital No. 1.” Immigrant patients were sent to hospitals throughout the region during the Army occupation.

The hospitals were returned to the USPHS on June 30, 1919.⁶¹ They became Marine Hospital No. 43 on September 1. Care for immigrants remained a priority, but beds were also reserved for other USPHS beneficiaries including seaman and discharged military personnel. Medical procedures continued to keep pace with the times, including extensive laboratory work, x-ray apparatus, and occupational therapy.⁶²

⁵⁸ Quoted in Unrau, *Historic Resource Study, Volume III*, 746.

⁵⁹ Unrau, *Historic Resource Study, Volume III*, 748.

⁶⁰ Unrau, *Historic Resource Study, Volume I*, 7.

⁶¹ Unrau, *Historic Resource Study, Volume III*, 787, 796.

⁶² Unrau, *Historic Resource Study, Volume II*, 620-22.

Medical inspections for immigrants took place on ship until March 16, 1920, when the inspection of steerage passengers resumed on Ellis Island. However the increasingly restrictive immigration laws began to alter Ellis Island's function. Officials at Ellis Island were charged with implementing changes in immigration law established by the Immigration Act of 1917, which included additional categories for exclusion of immigrants such as illiteracy and more extensive medical examinations. The anti-foreign concerns of the war years were replaced by fear of communism and expressed in the "Red Scare," a period of hysteria in which suspected alien communists, anarchists, socialists and radicals were targeted for deportation. The Quota Act of 1921 changed the general tenor of immigration control in the United States to a more restrictive policy, limiting the numbers of newcomers by nationality percentages from the 1910 Census. Prior to 1921, immigrants were assumed to be eligible for admission barring specific evidence to the contrary. The new shift to a quota-based system reflected a public mood against Southern and Eastern European immigration and instead preemptively barred entry based solely on nationality.⁶³

After the Immigration Act of 1924 tightened the quotas even further to be based on the 1890 census, a period prior to the more recent influx of Southern and Eastern Europeans, the flow of new immigrants continued to taper off. According to Harlan Unrau in his *Historic Resource Study* of Ellis Island, the 1924 law changed the principal function of Ellis Island from immigrant processing to assembly, detention, and deportation.⁶⁴ Most inspections took place on ship or prior to departure through U.S. consulate employees. Chief Medical Officer William C. Billings wrote to the Surgeon General regarding the changes in Ellis Island medical inspection and care after the Immigration Act of 1924, noting that the hospital now cared for a mix of aliens and U. S. citizens who were Marine Hospital system beneficiaries.⁶⁵

British Ambassador Sir Auckland C. Geddes visited Ellis Island in 1923 and criticized its shortcomings. "My general criticism of the buildings is that they are too small. Further, the immigration laws have been altered since they were built, and . . . they do not quite meet the present requirements."⁶⁶ He seemed pleasantly surprised that the separate administration of the Immigration Station by the Department of Labor and the hospital by the Department of the Treasury did not cause problems. He generally praised the quality of the hospital and the medical care:

The hospital has to deal with every sort of disorder, ranging from slight injury to obscure tropical diseases. It is at once a maternity home and an asylum for the insane.⁶⁷

⁶³ See Williams, esp. 15-16.

⁶⁴ Unrau, *Historic Resource Study, Volume III*, 896.

⁶⁵ Letter, Billings to Surgeon General, (30 July 1925), General Subject File, 1850.15, RG 90 – Records of the Public Health Service, National Archives and Records Administration, College Park, MD, quoted in Unrau, *Historic Resource Study, Volume III*, 919.

⁶⁶ Unrau, *Historic Resource Study, Volume II, Appendix Q*, p. 563

⁶⁷ Unrau, *Historic Resource Study, Volume II, Appendix Q*, 569.

The Island 3 kitchen was specifically mentioned as “excellently arranged and equipped” with good quality food. The Kitchen had been renovated in 1922 by removing the pantry, refrigerator, and hall shown on the original drawing. A schematic plan for “Alteration and Rearrangement of Plumbing Fixtures and Kitchen Equipment in the Administration Building and Kitchen on Island No. 3” shows the main room in its current open configuration, with a slop sink near the south exterior door (Figure 7). The opening corridor at the north was expanded and enclosed into a connecting hyphen with a walk-in refrigerator, open hall, and room on the east. A dishwashing room and two serving pantries are shown across the main corridor in the Administration Building. Other notations on the alterations plan show a new slop sink by the south exterior door, and an ice machine and bakers table in the northwest corner of the main kitchen space.

Early 1920s Inspection Reports prepared for the Surgeon General of the Public Health Service describe some aspects of the hospital kitchens, on both Island 2 and Island 3. Patients in the wards were served by the nurses and ward maids from the “diet kitchen” for each ward, while the staff ate in the Administration Building dining room with waitress service. The separate Island 3 Kitchen was essential to the separation of the contagious patients from the general hospital population. The dishware and utensils used on Island 3 were sterilized and not used elsewhere. After preparation in the Kitchen, the food was transported on insulated carts to the service kitchens in each ward. The patients would be fed in the wards on trays prepared in the service kitchens. While the quality of the food was judged to be “sufficient, appetizing, and good,” the reports complained about inadequate cold storage facilities.⁶⁸ A detailed site/floor plan from 1928 shows three small refrigerators in the room now filled by a large, double compartment walk-in.⁶⁹ This plan also shows a porch on the south elevation, which is no longer extant.⁷⁰

Starting on May 20, 1926, intensive examination of alien seaman was undertaken. Those found with venereal or other communicable diseases were confined to hospital while their ships were in the Port of New York. The primary hospital serving this function was the Quarantine Hospital in Stapleton, Staten Island, but Ellis Island received many overflow patients. The growth of this function and decline of immigration given stricter laws during the 1920s meant that the Ellis Island hospital now treated more seaman than immigrants – the latter now only twenty-five percent of the patients.⁷¹ In 1927, Chief Medical Officer Ezra K. Sprague wrote that “U.S. Marine Hospital No. 43 is becoming a marine hospital in fact as well as in name.”⁷² The larger percentage of “old line beneficiaries” meant that the hospital was treating more chronic

⁶⁸ As summarized in Unrau, *Historic Resource Study, Volume II*, 642.

⁶⁹ U.S. Department of Labor, Drawing No. E 1008-1, “Hospital Buildings, Island 3,” (10 September 1928), NPS Drawing No. 462/43,920, Sheet 2 of 2, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

⁷⁰ This porch is visible in an aerial photograph from c. 1930. See Photograph No. 90-G-90-16, Record Group 90-G – Records of the Public Health Service, Historic Photograph File, Still Picture Branch, National Archives and Records Administration, College Park, Maryland.

⁷¹ Unrau, *Historic Resource Study, Volume III*, 920, 926.

⁷² Letter, Sprague to Surgeon General, (27 July 1927) General Subject File, 1850.15, RG 90, quoted in Unrau, *Historic Resource Study, Volume III*, 922.

conditions, with longer hospital stays. Clinical research studies began to play a larger role in the Ellis Island hospital program, such as a 1931 study of gonorrhea treatment. Perhaps most significant to long term patient stays, tuberculosis care for Marine Hospital beneficiary patients from throughout Greater New York became a large part of the hospital activities, as described in the Surgeon General's *Annual Report* for 1930. An additional ward of forty beds was created in the second floor corridor. Other physical changes to the Contagious Disease Hospital in these years were minor and involved tasks such as replacing screens, painting, and repairing roofs.⁷³ The biggest change to the hospital areas in this period was gradual infill of the lagoon between Islands 2 and 3 in order to provide more recreation space for patients and staff. After repeated funding requests, work did begin, although it would not be completed until the 1930s.⁷⁴

After the stock market crash in October 1929, economic opportunities in the United States were limited, and President Herbert C. Hoover instructed American consuls to strictly apply rules preventing the immigration of people likely to become public charges. Further, Secretary of Labor William N. Doak organized "...a national roundup of illegal aliens for prospective deportation and transferred many of them to Ellis Island."⁷⁵ These efforts were sensationalized by the press and roused anti-immigrant sentiment among the general public. In 1931, perhaps as a counter action to the xenophobia displayed by some American authorities, the press, and a portion of the public, Edward Corsi became Ellis Island's new Commissioner of Immigration, remaining in that post until 1934. Corsi was himself an immigrant who had come through Ellis Island in 1907. His professional life involved extensive social service work among New York City immigrants. When Corsi first arrived and toured the facilities, he was most pleasantly surprised by the hospital, which he found "large and well-equipped, and certainly a credit to the Public Health Service of the United States."⁷⁶ His desire to humanize the Ellis Island experience and to make the facility an "inspiration" to both Americans and to immigrants led to improvements in infrastructure and social service programs.⁷⁷

With the election of President Franklin D. Roosevelt in 1932, new programs and new funding sources were established to create jobs, construct public buildings, support social and economic development, and find humane approaches to solving local, regional and national issues. Known as the New Deal, these programs included funding under the National Recovery Act from sources such as the Public Works Administration (PWA) and the Works Progress Administration (WPA), and studies of conditions at federally-owned facilities. Under the leadership of new Secretary of Labor Frances Perkins, a fifty-two-member nonpartisan citizen committee was formed to analyze the conditions, operations, and facilities at Ellis Island. The goal was to improve the physical plant and the immigrant experience and evaluate immigration law with a view toward fairer and more effective rules. Corsi worked closely with the committee and many of his ideas were incorporated into the Committee's report to the Secretary of Labor.

⁷³ Beyer Blinder Belle/Anderson Notter Finegold, *Ellis Island Statue of Liberty National Monument: Historic Structures Report Units 2, 3 and 4, Volume 4, Part 1[Administration Building and Kitchen]*, (U.S. Department of the Interior, National Park Service, 1986), 289-90; 278-79.

⁷⁴ Stakely, 77.

⁷⁵ Unrau, *Historic Resource Study, Volume I*, 9.

⁷⁶ Quoted in Unrau, *Historic Resource Study, Volume III*, 934.

⁷⁷ Williams, 17-18.

The Committee's report listed many recommendations. Among those implemented were adding lawn and shelters in the infill area between Island 2 and Island 3, construction of a New Immigration Building, Ferry Building, and Recreation Building and Shelters, alterations to the main immigration building and other related buildings to better segregate immigrants from deportees.⁷⁸ In the hospitals, New Deal funding was used for much needed repairs and renovations. No documentation has been found for substantive changes to the kitchen in this period. An employee who worked on Island 3 from 1934-37 reported that seven people worked in the kitchen and the room created on the northeastern side of the connecting corridor was used to prepare special diets. Dishes were washed in the wards and kept in sterilizing carts overnight. Plan indicate that the main dishwashing room was across the corridor in the Administration Building, not in the limited kitchen space.⁷⁹

The outbreak of World War II immediately impacted Ellis Island. The shifting nature of immigration was most strongly expressed in the transfer of the Immigration and Naturalization Service from the Department of Labor to the Department of Justice on June 14, 1940. After the U.S. entered World War II, the INS was responsible for detaining enemy aliens.⁸⁰ In July 1939 the Public Health Service was transferred to the Federal Security Agency in a federal reorganization. During World War II, various buildings on Ellis Island were again used by the military and as a training facility by the U.S. Coast Guard Port Security Unit. The hospital complexes housed wounded servicemen, and detainees, and the main immigration building housed suspected enemy aliens. In 1944, the Kitchen received a two-compartment walk-in refrigerator – probably the one still extant. The custom refrigerator came from the McCray Refrigerator Co. in Jackson Heights, New York, and included a fish compartment and adjustable steel shelving.⁸¹

Following World War II, Ellis Island again processed and treated sick or injured immigrants and deportees. In 1949-50, a number of other wards in the Island 3 Contagious Disease Hospital – Nos. 13, 14, 17, 18, and 23 - were being used for the mentally ill.⁸² For a time following the passage of the Internal Security Act of 1950, Ellis Island housed as many as 1,500 detainees. Under that act, aliens who had been members of Communist or Fascist organizations were excluded from entry into the United States. However, the government soon

⁷⁸ Report on the Sub-Committee on Buildings, Grounds, and Physical Equipment for Ellis Island (13 September 1933), 1. The report was located in Folder 330 – WPA Projects 1933-37, Box 16, Record Group 79 – Records of the National Park Service, National Archives and Records Administration - Northeast Region, New York City [hereafter RG 79, NARA – NE Region]. The full report was published in March 1934. See U. S. Department of Labor, *Report of the Ellis Island Committee*, (New York: Ellis Island Committee, March 1934).

⁷⁹ The interview with a former employee is cited in Beyer Blinder Belle/Anderson Notter Finegold, *Historic Structures Report*, 321-22. In 1935, Chief Medical Officer Lavinder requested that the dishwashing facilities in the Administration Building be expanded, indicating that the current arrangement was unsatisfactory. See Memorandum, C. H. Lavinder to Mr. Booth, (23 November 1935), Folder 149, Box 7, RG 79, NARA – NE Region.

⁸⁰ Unrau, *Historic Resource Study, Volume III*, 827-33.

⁸¹ McCray Refrigerator Company, "Special Refrigerator for U.S. Marine Hospital, Ellis Island," (1 September 1944), NPS Drawing No. 462/43,939, Sheet 1 of 1, accessed at <http://etic.nps.gov>, Technical Information Center, Denver Service Center, NPS.

⁸² Unrau, *Historic Resource Study, Volume III*, 968

realized than many people from eastern Europe, Italy and Germany seeking entry to the United States had been forced to join Communist or Fascist youth groups.⁸³ The law was modified and thereafter many former detainees were allowed to enter the United States.

On March 1, 1951, the U.S. Public Health Service closed the hospitals on Island 2 and Island 3 due to the declining number of patients, and the hospitals' status as obsolete. However, the Public Health Service maintained a small infirmary for detainees in the main immigration building.⁸⁴ After the USPHS vacated the hospitals on March 1, 1951, they were occupied by the Coast Guard. The Coast Guard reportedly used some of the Measles Wards for file storage.

On November 12, 1954, both immigration and Coast Guard operations ceased on Ellis Island. Equipment and fixtures, including plumbing, were removed from many buildings and distributed to other federal entities including border patrol offices, federal prisons, the Public Health Service, the military, and the General Services Administration.⁸⁵ From 1954 until 1965, Ellis Island was under the control of the General Services Administration, which sought to sell or lease the property.⁸⁶ After several unworkable proposals, the island was placed under the jurisdiction of the National Park Service and on May 11, 1965, President Lyndon B. Johnson issued Proclamation 3656 adding the island to the Statue of Liberty National Monument.⁸⁷

PART II. ARCHITECTURAL INFORMATION

A. General Statement:

1. Architectural character: The Kitchen is a one-story structure with a hipped roof, attached to the rest of the Contagious Disease Hospital by the small hyphen on its north side. Its materials and decorative features match the Georgian Revival appearance of the rest of the hospital complex on Island 3.⁸⁸

2. Condition of fabric: Good. The Kitchen has been altered, with most of the interior fixtures removed, but is in generally good repair.

B. Description of Exterior:

1. Overall dimensions: The Kitchen has a rectangular footprint with the shorter side at the attaching hyphen and corridor on the north.

⁸³ Unrau, *Historic Resource Study, Volume I*, 11; Williams, 20.

⁸⁴ Stakely, 92.

⁸⁵ Unrau, *Historic Resource Study, Volume III*, 1002.

⁸⁶ U.S. Senate, 89th Congress, 1st Session, *Report No. 306. Disposal of Ellis Island* (Washington, D.C., U.S. Government Printing Office, 1965).

⁸⁷ Unrau, *Historic Resource Study, Volume I*, 11; Williams 20.

⁸⁸ The waterside façade of the Kitchen is oriented to the south/southwest, but to simplify the description here it is considered to be facing due south.

2. Foundations: The Kitchen has tall brick foundation walls sitting on a smoothly dressed granite base approximately eight inches high. The brick section is 13 courses high laid in a five to one common bond. An extra course laid in a stretcher pattern is located at the granite base. The top of the foundation walls is a water table of sloped header bricks.
3. Walls: The walls are structural clay tile with a pebble and dash stucco veneer. Red brick quoins accent the corners. A band of corbelled red brick at the top of the walls creates a cornice.
4. Structural system, framing: The Kitchen stands on a system of concrete footings and piles. The roof is supported by two large wood trusses. The trusses are a simple king post with a metal tie rod serving as the king post. The walls are load bearing brick and structural clay tile.
5. Stoops: There is a stoop at the exterior door on the west side of the south façade. A straight run of six granite block stairs rises directly to a small granite landing and the doorway. The stairs are supported by a brick carriage. A wrought iron balustrade railing with thin balusters was located on both sides of the stair, but only the one on the west side is still intact. The wrought iron hand rail has a curtail at the bottom and a steep curve ending in a straight section at the top.
6. Chimneys: The Kitchen has a fifty-three-foot-high external brick chimney just off center on the east elevation, cutting into the roof and overhanging eaves. The square chimney has the appearance of an industrial smokestack. It sits on a slightly wider brick base and has a thin course of limestone at the midway point above the roof. It tapers to a corbelled brick cap with a band of projecting brick a few courses below.
7. Openings:
 - a. Doorways and doors: There is an exterior doorway on the south elevation facing the water, at the brick and granite stoop. The door is set directly into the stuccoed wall with no applied trim. It has a granite threshold and a shallow wood door frame. The wood door has two rectangular recessed panels at the bottom with raised inner sections. The top half is glazed with two over two lights separated by wide flat muntins. The doorknob is plain metal on a simple escutcheon. Scars on the door frame indicate that a screen door used to be mounted at this opening.

The other entrance doorway for the Kitchen is located within the connecting corridor at the north, on axis with the central hall of the Administration Building. This wide opening is set into the masonry wall with a shallow reveal wood frame. The wall corners are curved here and the lower portion of the walls protected by large metal plates, presumably for protection from heavy rolling carts. The door has a large two light movable transom with a wood frame that tilts inward from the top with chain supports. An additional transom frame on the corridor side holds a screen. The wood doors have a metal plate over the bottom half and a glazed opening in the top one third. The glazing is no longer extant. The door has a keyed knob lock on one side.

There is a small rectangular opening in the foundation at the south and west elevations to allow crawl space access. The west opening was in the original connecting corridor and now enclosed

behind its expansion. These openings have cast iron doors with square perforations and external paumelle hinges. The doors are hung on a flat metal frame.

b. Windows: The typical window opening has a limestone lug sill, an approximately four-inch deep reveal, and red brick keystone and corner blocks forming a segmental arch window crown. The two over two wood sash is set directly into the masonry wall. The sash has a curved upper rail. The Kitchen has regularly spaced fenestration that has been altered on the east façade. Two openings have been filled in and covered with stucco, although the sill and crown are still visible on the exterior. A large square opening was located at the east side of the connecting hyphen, but the sash is gone and the wall partially demolished. A small square opening with a wood casement sash is located between two regular openings on the west façade. The sash is set directly into the wall and swings inward from the left side. The single window added to the south façade has a concrete sill.

8. Roof:

a. Shape, covering: The Kitchen has a hipped roof sheathed with red clay shingle tiles. Portions of the wood roof decking have been replaced. There is metal covering the ridge tiles at the west side and peak.

b. Cornice, eaves: The Kitchen has open eaves with exposed decorative notched rafter ends. Copper gutters are intact with replacement pvc downspouts and some original cast iron downspout bases. The corbelled brick at the top of the walls forms a simple cornice.

C. Description of Interior:

1. Floor plans: The kitchen is essentially one large, high ceilinged room. The low hyphen connecting the kitchen to the main corridor contains a short hall flanked by walk-in refrigerators (west) and another room (east - use still to be determined). There is a crawl space underneath.

2. Stairways: None.

3. Flooring: The floor is covered with large square red quarry tiles throughout, with holes for various pipes and drains in evidence. A cove tile creates a smooth transition from floor to wall. The tiles are nine-inches square in the main kitchen area and six-inches square inside the refrigerator.

4. Wall and ceiling finish: The interior walls are plaster on metal lathe over structural clay tile, both in the main room and hyphen. They have an approximately five foot high wainscot of white subway tiles with curved tiles at the edges and coved corners. The plaster ceiling is coved and includes partially exposed truss beams with a chamfered edge. The top peak of the trusses disappears above the plaster ceiling. Original drawings show a lower plaster ceiling across the main space (eleven feet high).

5. Openings:

a. Doorways and doors: The door on the south wall is set directly into the wall with a curved tile edge on the reveal. The opening at the corridor on the north has a two leaf door in a simple frame with a shallow reveal. The frame is edged with a quarter round piece of molding.

A door on the east edge of the hall in the hyphen has a simple molding and door with glazing in the top section. There is a rectangular opening between the hall and main room cased with plaster and subway tile.

b. Windows: The typical window for the Kitchen is a large segmental arch opening with a two over two double hung wood sash. There are three of these windows on the west wall, one on the south, and one remaining on the east wall (two other original ones have been filled in). They sit in a shallow reveal with simple flat molding including a quarter round edging. The lower portion of the reveal and the sill is covered with subway tiles. The hardware includes finger plates and sash locks. An additional square window opening with a wood casement and deep reveal is located in the west wall. The room at the east side of the hall had a large window that is now entirely removed with the space open to the elements.

6. Decorative features and trim: None.

7. Hardware: There is a large copper ventilation hood with iron edges hanging over the former location of the range at the east wall. The hood is hanging from metal straps pinned into the roof truss and ceiling. It is connected to galvanized ductwork.

8. Mechanical equipment:

a. Heating, ventilation: Two round fin radiators (c. 1910) are located under two of the windows along the west wall. A large pyramidal copper ventilator was located at the center of the roof ridge. Its pipe has a damper at the center and reached down to a grate in the original ceiling. The opening is still present but boarded over.

b. Lighting: There is external electrical conduit placed along the bottom of the exposed roof truss and connected to porcelain ceiling fixtures. A large junction box is located on the north wall to the west of the hall opening.

c. Plumbing: All of the plumbing fixtures have been at least partially removed but various pipe stubs and hangers are found throughout the kitchen. The remnant of a concrete utility sink is located near the door at the south wall. A large copper dishwashing table has been stored in the space, but does not appear to be installed in its functional location.

d. Walk-in refrigerator: A large wooden walk in refrigerator was placed into the space at the west side of the hyphen at an unknown date. It fills most of the space, but does not reach to the ceiling. It is wood with a galvanized metal interior and quarry tile floor and baseboard. The two compartments are of unequal size, with the south one comprising two thirds of the interior. Each compartment has a thick insulated door and heavy metal grate shelving inside. The doors have been removed and are sitting in the adjacent main room. They are covered with stainless steel and are perhaps later replacements. A smaller door is located above each opening, presumably

to access machinery. All of the gauges, knobs, and plates have been removed, leaving the maker of the apparatus unidentified.

e. Other: There is a metal wall mounted hose reel located on the exterior north wall within the connecting passageway.

D. Site: The kitchen is on axis with the center hall of the administration building to the north.

1. Historic landscape design:

PART III. SOURCES OF INFORMATION

A. Architectural drawings: A computerized Drawings Index System for all types of Ellis Island architectural and engineering drawings is located at the Technical Information Center (TIC), Denver Service Center, National Park Service. Original drawings are digitized and available at <http://etic.nps.gov>. The drawings most useful in preparing this report were:

Office of the Supervising Architect, James Knox Taylor, "Contagious Disease Hospital," (15 April 1906), NPS Drawing No. 462/43,901, Sheet 1 of 2, [site plan and elevation].

Office of the Supervising Architect, James Knox Taylor, Contagious Disease Hospital Kitchen, (18 August 1906), NPS Drawing No. 462/43,902A, Sheets 1-9 and 462/43,903A Sheets 1-24 [original elevations, plans, sections, and details for the kitchen are in these sets, often in combination with the Administration Building].

Public Buildings Service, New York, "Inclosing [sic.] Corridors Contagious Disease Hospitals," (12 March 1914), NPS Drawing No. 462/43,912, Sheets 1&2 of 7, [plans and details].

U.S. Department of Labor, "Alteration and Rearrangement of Plumbing Fixtures and Kitchen Equipment in the Administration Building and Kitchen on Island No. 3," Drawing No. C1237, (7 May 1922), NPS Drawing No. 462/43,927, Sheet 1 of 1.

U.S. Department of Labor, Drawing No. E 1008-1, "Hospital Buildings, Island 3," (10 September 1928), NPS Drawing No. 462/43,920, Sheet 2 of 2, [floor plans and site plan].

McCray Refrigerator Company, "Special Refrigerator for U.S. Marine Hospital, Ellis Island," (1 September 1944), NPS Drawing No. 462/43,939, Sheet 1 of 1.

B. Early Views: Several construction photographs of the Kitchen are located in the collections of the Still Picture Branch, National Archives and Records Administration (NARA II), College Park, MD. They are found in Record Group 121-BCP, Records of the Public Building Service, Prints: Photographs of the Construction of Federal Buildings, 1885-1954. General views of the Contagious Disease Hospital are found in Record Group 90-G, Records of the Public Health Service. Selected specific views are reproduced and identified below.

C. Bibliography:

See notes for a listing of relevant archival materials from:

- *Record Group 79 – Records of the National Park Service, National Archives and Records Administration – Northeast Region, New York, NY.*
- *Record Group 85 – Records of the Immigration and Naturalization Service, National Archives and Records Administration, Washington, DC.*
- *Record Group 121 – Records of the Public Buildings Service, National Archives and Records Administration II, College Park, MD.*

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U.S. Senate, 89th Congress, 1st Session. *Disposal of Ellis Island: Report No 306*. Washington: D. C.: U.S. Government Printing Office, 1965.

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PART IV. PROJECT INFORMATION

Documentation of the Contagious Disease Hospital Kitchen and other selected structures on Ellis Island (Phase II) was undertaken by the Historic American Buildings Survey (HABS), within the Heritage Documentation Programs (HDP) of the National Park Service (Catherine C. Lavoie, Chief, HABS; Richard O’Connor, Chief, HDP) during 2010. The project was sponsored by Statue of Liberty National Monument, David Luchsinger, Superintendent. Field recording and measured drawings were completed by Paul Davidson, HABS Architect and Project Supervisor; and HABS Architects Daniel De Sousa, Alexander Matsov, and Anne E. Kidd. HAER Architect Dana Lockett and HABS Architect Robert Arzola served as Project Leaders. Julia Sienkewicz (University of Illinois, Urbana-Champaign) and HABS Historian Lisa Pfueller Davidson served as project historians. HABS Photographer James Rosenthal completed large-format photographs during fall 2010. Assistance was provided by the staff of Statue of Liberty National Monument, particularly Diana Pardue (Chief, Museum Services Division), Richard Holmes (Archaeologist), Don Fiorino (Historical Architect), and Kathleen Sullivan (Project Manager).

V. SUPPLEMENTAL INFORMATION – ILLUSTRATIONS:

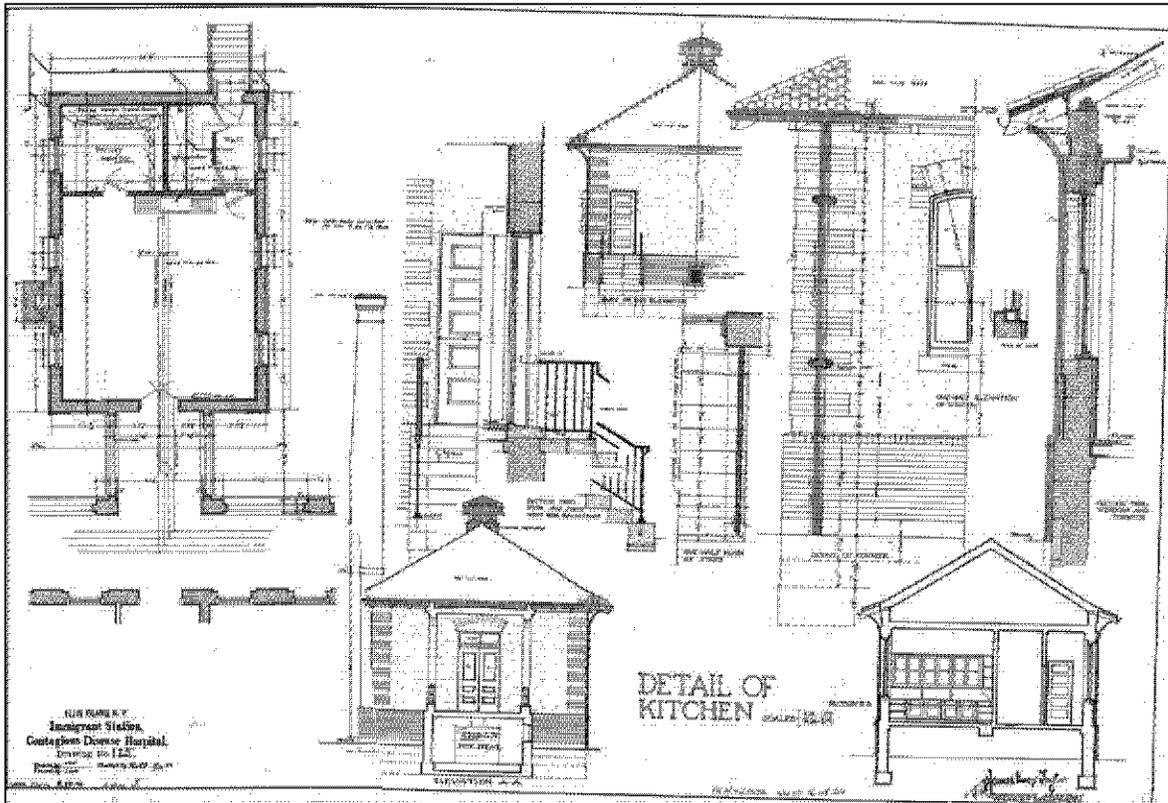


Figure 1: Office of the Supervising Architect, “Detail of Kitchen, Contagious Disease Hospital, Immigrant Station, Ellis Island, NY” (18 August 1906)
(NPS Drawing No. 462/43,903A, Sheet 16 of 24)
Source: Technical Information Center, Denver Service Center, National Park Service

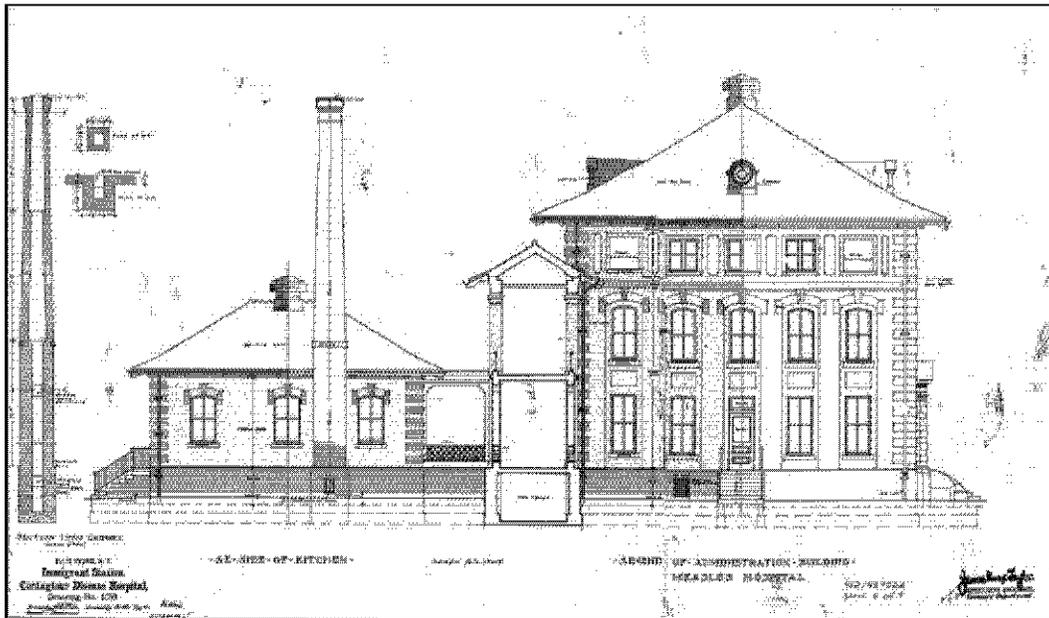


Figure 2: Office of the Supervising Architect, “Southeast Side of Kitchen, Contagious Disease Hospital, Immigrant Station, Ellis Island, NY” (18 August 1906) (NPS Drawing No. 462/43,902A, Sheet 8 of 9)
Source: Technical Information Center, Denver Service Center, National Park Service

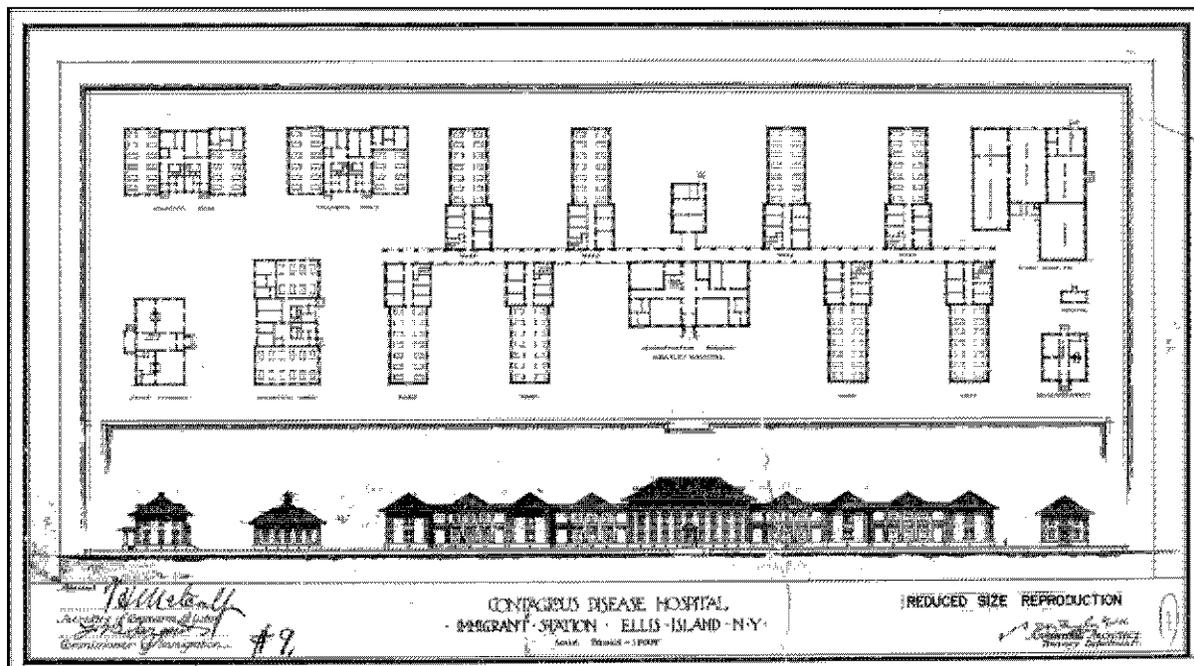


Figure 3: Office of the Supervising Architect, “Contagious Disease Hospital, Immigrant Station, Ellis Island, NY” (15 April 1906), (NPS Drawing No. 462/43,901 Sheet 1 of 1)
Source: Technical Information Center, Denver Service Center, National Park Service

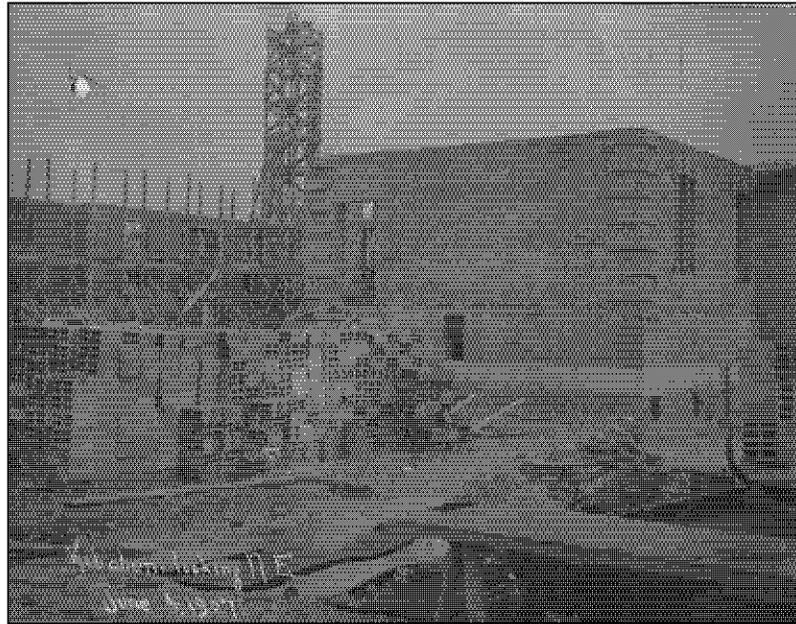


Figure 4: “Kitchen Looking Northeast, June 4, 1907,” (Photograph No. 121-BCP-38A-15K),
Source: Record Group 121-BCP – Records of the Public Building Service,
Photographs of the Construction of Federal Buildings, 1885-1954, Still Picture Branch, NARA, College
Park, MD

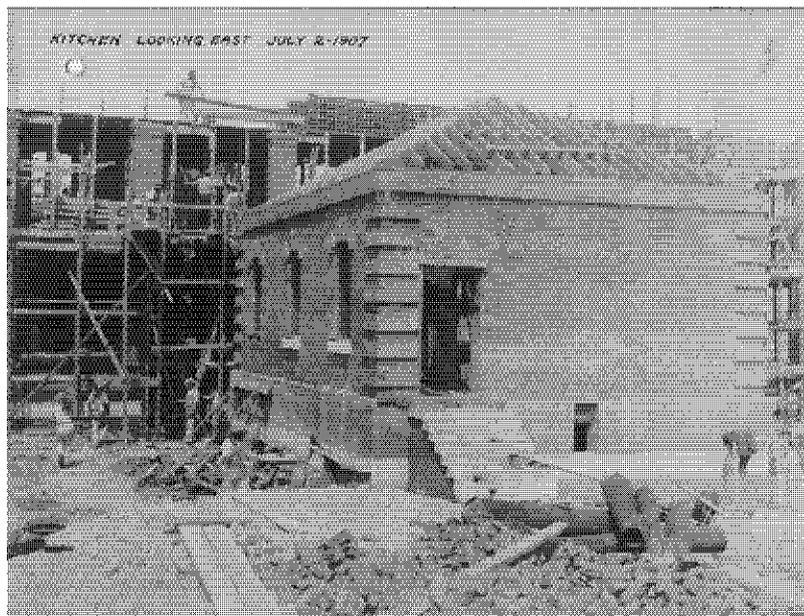


Figure 5: “Kitchen Looking East, July 2, 1907,” (Photograph No. 121-BCP-38A-18J),
Source: Record Group 121-BCP – Records of the Public Building Service,
Still Picture Branch, NARA, College Park, MD



Figure 6: “Kitchen Looking Northeast, September 9, 1907,” (Photograph No. 121-BCP-38A-20H),
Source: Record Group 121-BCP – Records of the Public Building Service,
Still Picture Branch, NARA, College Park, MD

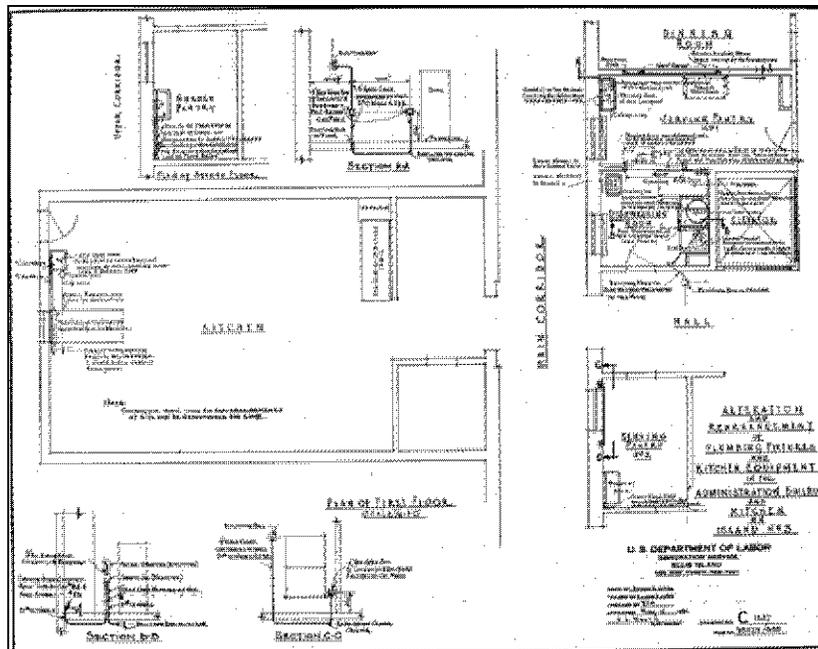


Figure 7: U.S. Department of Labor, Immigration Service, “Alteration and Rearrangement of Plumbing
Fixtures and Kitchen Equipment in the Administration Building and Kitchen on Island No. 3,”
(17 May 1922), (NPS Drawing No. 462/43,927, Sheet 1 of 1)
Source: Technical Information Center, Denver Service Center, National Park Service